

ECS Configuration Change Request

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CCR No. 97- 0602	Logged Date 4/18/97	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release		Change Class
Title (description) Establish Release B.0 ESDT Descriptor Baseline			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem Establish the controlled baseline of the B.0 Data Model ESDT Descriptor.			
Proposed Solution Review and approve the attached file / listing, ESDT Descriptor Template, Version 1.6			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input checked="" type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input checked="" type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf <input type="checkbox"/> Acpt <input type="checkbox"/>			
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>Dave Manion / Karl Cox</u> <u>Dave Manion & Karl Cox</u> Signature _____ Date _____			
Office <u>SDE</u> Office Manager <u>Joe Senfle</u> Signature _____ Date _____			
Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson <u>Ramsey Billups</u> Signature _____ Date _____			